

<b>STATE OF ILLINOIS, CIRCUIT COURT</b>  _____ <b>COUNTY</b>	<b>REQUEST FOR CERTIFICATE OF GOOD CONDUCT</b>	<i>For Court Use Only</i>
<b>Instructions ▼</b> Directly above, enter the name of the county where you will file the case.  Enter your name and birth date. List any other names you used when arrested on the cases listed on this form.  If the Clerk gave you a new case number, enter it to the right.	Request of:  _____ <b>Your name</b> ( <i>First, middle, last name</i> )  _____ <b>Other names used in these cases</b>  _____ <b>Date of birth</b> _____	_____ <b>Case Numbers</b> ( <i>if the Clerk assigns a new number</i> )

If **2** does not apply to you, you are not eligible for a Certificate of Good Conduct.

In **3**, enter the date when your last sentence ended. **Refer to page 1 of How to Ask for a Certificate of Good Conduct** for help determining this date.

In **4**, check the most serious offense you were ever convicted of.

In **5**, check **5a** or **5b**.

Check **5a** if you are seeking a Certificate for the first time and enter the case numbers of the convictions you are seeking a Certificate for. Include federal and out of state convictions if there is a specific legal barrier preventing you from getting a job.

Check **5b**, if you were previously granted a Certificate and need to remove an additional employment barrier or cover additional convictions. Enter the date of your previous Certificate and list the convictions.

1. I ask the court to grant this *Request for Certificate of Good Conduct*. I am eligible to apply for a Certificate of Good Conduct and will demonstrate, through clear and convincing evidence, that I have been a law abiding citizen, am fully rehabilitated, and after a review has been held, the court will be satisfied that the requirements for granting my *Request for Certificate of Good Conduct* have been met.
  
2. I am a person with eligible offenses and have not been convicted of arson, aggravated arson, kidnapping, aggravated kidnapping, aggravated driving under the influence of alcohol or drugs, or aggravated domestic battery. None of my convictions are barred under the statute. I have also not been convicted under any offense or attempted any offense that would subject me to registration under the Sex Offender Registration Act, the Arsonist Registration Act, or the Murder and Violent Offender Against Youth Registration Act.
  
3. My last sentence ended on: \_\_\_\_\_  
*Date last sentence ended*
  
4. The most serious offense I was ever convicted of was (*check only one box*):  
☐ a misdemeanor, and 1 year has passed since the date listed in Section 3.  
 OR  
☐ a felony, and 2 years have passed since the date listed in Section 3.
  
5. I am seeking a Certificate (*check only one box*):  
 a. ☐ for the following convictions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 OR  
 b. ☐ to expand the relief from my previous Certificate granted on: \_\_\_\_\_  
*Date*  
 for the following convictions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

In **6**, check the boxes that apply to you.  
See page 4 of *How to ask for a Certificate of Good Conduct* for more information about what type of documents to include.

In **6a**, check the box if you have 3 or fewer arrests on your background.

In **6b**, check the box if you have 4 or more arrests on your background.

In **6c**, check the box if you have earned any educational/vocational degrees or certifications, or have made progress towards a degree or certification.

In **6d**, check the box if you are currently employed or have been regularly employed in the recent past.

In **6e**, check the box if you have recovered or are recovering from substance abuse.

In **6f**, check the box if you have received treatment for a mental health issue that contributed to your criminal history.  
**WARNING:** This *Request* will become a public record and other people may read what you write on or attach to this *Request*. Do not attach any actual medical records. If you attach a letter about your diagnosis and/or treatment, you may be waiving your right to keep your mental health records confidential.

In **6g**, check this box if your family depends on you for support: financial, emotional or otherwise.

**6.** I can show my rehabilitation is consistent with the granting of this *Request for Certificate of Good Conduct* because (check all that apply):

- a. ☐ I do not have an extensive criminal history because I have 3 or fewer arrests.

Attached to demonstrate my lack of criminal history is (check all that apply):

☐ Illinois State Police or local criminal history report (RAP sheet)

☐ Court dispositions

- b. ☐ I have multiple arrests and/or convictions, but I will not repeat this behavior because:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- c. ☐ Of the progress I've made in my education: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have attached these documents as proof: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- d. ☐ Of my steady work history: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have attached these documents as proof: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- e. ☐ I am sober: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have attached these documents as proof: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- f. ☐ Of my mental health treatment: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have attached these documents as proof: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- g. ☐ I support my family: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

h. ☐ I am involved with my community: \_\_\_\_\_

I have attached these documents as proof: \_\_\_\_\_

i. ☐ Other: \_\_\_\_\_

I have attached these documents as proof: \_\_\_\_\_

a. ☐ It has been \_\_\_\_\_ years since the end of my last sentence in any county or state.

b. ☐ I or my family receives government benefits or public housing, and a Certificate could help me support us in full.

c. ☐ I have accepted responsibility for my crimes:

d. ☐ I will not commit any crimes in the future because:

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8. I am applying for a Certificate of Good Conduct because I want to remove all employment barriers that exist because of my criminal record *(check all that apply)*:

In **8a**, check the box if you are applying for a Certificate because you cannot get a job or license and list the job or license.

a. ☐ I have been denied or cannot get the following jobs or licenses because of my criminal record *(for example, list "sales associate at retail company")*: \_\_\_\_\_

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In **8b**, enter the Illinois law that is stopping you from getting a job or license. List the name of the act and the statutory cite. For help finding the statutory cite see: <https://niccc.csgjusticecenter.org/>.

b. ☐ I want to remove the following legal employment barriers caused by my criminal record *(for example, list "Illinois School Code 105 ILCS 5/1-1")*: \_\_\_\_\_

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Under the Code of Civil Procedure, [735 ILCS 5/1-109](#), making a statement on this form that you know to be false is perjury, a Class 3 Felony.

If you are completing this form on a computer, sign your name by typing it. If you are completing it by hand, sign and print your name.

**I certify that everything in the *Request for Certificate of Good Conduct* is true and correct. I understand that making a false statement on this form is perjury and has penalties provided by law under [735 ILCS 5/1-109](#).**

/s/ \_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Print Your Name

\_\_\_\_\_  
City, State, ZIP

\_\_\_\_\_  
Telephone

**GETTING COURT DOCUMENTS BY EMAIL:** If you agree to receive court documents by email, check the box below and enter your email address. You should use an email account that you do not share with anyone else and that you check every day. If you do not check your email every day, you may miss important information or notice of court dates. Other parties may still send you court documents by mail.

☐ I agree to receive court documents at this email address during my entire case.

\_\_\_\_\_  
Email